

increased the reliability of appliance methods. Also information about the frequency of sexual intercourse would presumably have been of value in calculating pregnancy rates. Possibly it was felt that reliable information on these points would have been too hard to come by.

MARGARET C. N. JACKSON.

## PSYCHOLOGY

**Halliday, James L.** *Mr. Carlyle My Patient: A Psychosomatic Biography.* London, 1949. Heinemann. Pp. 227. Price 15s.

HERE is an interesting and important book. For with the exception of Freud's ingenious but highly speculative study of the childhood of Leonardo da Vinci it, so far as I am aware, is the first serious attempt to elucidate a great man's life in terms of psycho-analytical teaching and technique. It represents therefore a kind of challenge to the biographers of the future.

Carlyle is obviously a first-rate subject for such an experiment. He was, admittedly, intensely neurotic, and during one short period of his early manhood he appears almost to have passed through a psychotic phase—a period when he was grappling inwardly with early feelings of hate and dread towards his father. Throughout most of his life he was a chronic dyspeptic (there was never any trace of organic disease); hypersensitive to noise; ill-tempered and given to fits of rage; and his semi-Fascist philosophy of life—the inordinate worship of the hero combined with pitilessness towards the underdog (Dr. Halliday quotes to good effect his sadistic outbursts against "niggers" in the West Indies and his approval of slavery)—was clearly the fruit of emotional conflict and unbalance; and the more so in that Carlyle was a man of first-class intellect and philanthropic instincts.

Another reason why Carlyle is such a good choice is that the data are relatively ample. Dr. Halliday has made good use of Carlyle's own *Reminiscences* and the autobiographical and highly subjective *Sartor Resartus*; there

is also Froude's four-volume *Life*; and there are several volumes of Carlyle's letters and the even more revealing letters of Jane Welsh Carlyle, his wife.

In 1824, when he was in his twenty-fifth year, Carlyle made his first visit to London. Suppose, says Dr. Halliday, he had come a century later and had been prevailed upon to consult a psychiatrist, what would have been the diagnosis? Here is Dr. Halliday's version of the report:

This is a compulsive "anal character" of high intelligence, and with definite paranoid traits of inflation and self-isolation, marked sadistic and masochistic tendencies, and schizoid features. He is very egocentric and narcissistic and suffers from periodical phases of depression and passivity when he is disinclined to do anything. He shows much self-pity, helplessness, self-reproach and ideas of unworthiness. He has a hypochondriacal preoccupation with his gastrointestinal tract. When his depressions lift he becomes productive—almost hypomanic and even grandiose. There is probably some relation between the serious disorder of his personality and his gastric complaints whose onset occurred six years ago when his social environment was unsatisfactory—as it still is. He apparently had a serious breakdown almost psychotic in nature two years ago.

Dr. Halliday then delves into the background of this gifted and unhappy man supporting his ingenious theories by quotations from the *Reminiscences* and *Sartor*. There is first of all Carlyle's unhappy home life—distrustful of the mother and hungry for her affection and feeling hate and fear towards his father. This early frustration, according to Dr. Halliday, was so severe that Carlyle was never able, either as a schoolboy, a student at Edinburgh or, later, a schoolmaster, to enter or feel himself part of a social group. He remained, in early manhood, as in boyhood, hostile and withdrawn. In his fifth year there occurred what Dr. Halliday regards as a crucial experience. Carlyle and his father were out walking one lovely summer's evening and his father suddenly lifted him up and carried him across a stream. Up till then the boy had felt his father as an enemy, but he now suddenly attained "a thrilling sense of union with the all-powerful Father." This incident

sowed the seeds of Carlyle's mysticism and his adoration of the hero.

Dr. Halliday has some very ingenious theories about the psychopathic origins of Carlyle's philosophy and his particular gifts as a writer. He contends that his pre-occupation with the social health of Britain and his Hamlet-like feeling that the times were out of joint were largely projections of his own inner sickness. But he very rightly adds that much of Carlyle's social rebelliousness—his hatred of the growing industrialism of the mid-nineteenth century and his warning that men were pursuing outer and material aims to the neglect of the inner and the spiritual—has been justified by the event. On the other hand, Carlyle overstressed the conflict-and-strife element of life and underestimated the forces of reconciliation and love. This, says Dr. Halliday, was because he regarded other people, not in terms of love and respect, but in terms of power and dominance over them and submission to them. "His inner attitudes . . . largely remained at the oral and anal levels of the first and second phases of infancy." Another of Dr. Halliday's ingenious theories is that Carlyle's intense power of visualization as a writer was related to a repressed longing to look at and touch the naked bodies of others which tormented him during his schooldays; and he also has some interesting things to say about Carlyle's sudden impulsive longings for the sea which in all probability stood to him as a mother-symbol.

Dr. Halliday's study is without doubt an interesting and perhaps a valuable contribution to our knowledge of Carlyle. Much of it is, admittedly, speculation; but much of it, too, has a convincing ring, partly because it is supported by carefully chosen passages from the *Reminiscences* and *Sartor*. On the other hand, the final picture is necessarily one-sided. Nothing is said of important influences in Carlyle's life—for instance, his heredity or his Calvinistic upbringing—and the stress is throughout on the psychopathic rather than the "normal" aspects of his make-up. In consequence we get a distorted impression of the man and an over-simplification of the motives and influences which

made him the man he was. None the less this is a valuable experiment in biography which, one hopes, will lead to a new school of biographers who are able to seize both the general and the psycho-analytical picture and give to both their due and just place.

RICHARD RUMBOLD.

## STILLBIRTHS

**Sutherland, Ian.** *Stillbirths: Their epidemiology and social significance.* London, 1949. Oxford University Press. Pp. 93. Price 7s. 6d.

IN 1948 there were 18,469 stillbirths in England and Wales, representing a serious loss of life. But in comparison with deaths at later ages, stillbirths have a greater significance than even this number suggests, for they involve the wastage of complete lives.

Stillbirth registration goes back only to 1928. From 1928-36 the stillbirth rate remained constant at about 40 per 1,000 total births, but in 1937 a decline started which continued throughout the war and brought down the rate to 23 in 1948, a reduction of 38 per cent in nine years. During these nine years there were many changes in both the social environment and the medical services. Unemployment was reduced, food more evenly distributed and special supplements and rations provided for expectant mothers. There was also a growing demand for, and increasing provision of, maternity beds in hospitals, and the quality of the midwifery service, in spite of severe shortage of staff, has undoubtedly improved. Any or all of these changes may have contributed to the fall in stillbirths.

Dr. Sutherland discusses in a concise and balanced way the more important literature on stillbirths, and attempts to estimate the importance of various factors in bringing about the recent fall in the stillbirth rate. A final chapter considers the prospects of a further reduction in stillbirths. The greater part of the book is devoted to a restatement of previous work, and the main original contribution is a regression analysis relating